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PTO/SB/01 (10-00)

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DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)	Attorney Docket Number		ARC 2250 R1	
	First Named Inventor		Joseph B. Phipps	
	<i>COMPLETE IF KNOWN</i>			
	Application Number		New	
	Filing Date		June 27, 2003	
	Group Art Unit		Unassigned	
	Examiner Name		Unassigned	
<p><input checked="" type="checkbox"/> Declaration Submitted with Initial Filing <input type="checkbox"/> Declaration Submitted after Initial Filing (Surcharge (37 CFR 1.16(e)) required) OR</p>				
<p>As a below named inventor, I hereby declare that: My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:</p>				
<p>A RESERVOIR AND A SERIES OF RELATED RESERVOIRS FOR USE IN AN ELECTROTRANSPORT DRUG DELIVERY DEVICE AND DEVICES COMPRISED THEREOF <i>(Title of the Invention)</i></p>				
<p>the specification of which</p> <p><input checked="" type="checkbox"/> is attached hereto</p> <p>OR</p> <p><input type="checkbox"/> was filed on <input type="text"/> as United States Application Number or PCT International Application Number <input type="text"/> <input type="checkbox"/> and was amended on (MM/DD/YYYY) <input type="text"/></p>				
<p>I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.</p> <p>I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.</p>				
<p>I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.</p>				
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p><input type="checkbox"/> Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:</p>				

DECLARATION - Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	
60/392,890	June 28, 2002	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Application Serial No.	Filing Date	Status

I hereby appoint:

☒ Practitioners at Customer Number **27777** →

Place Customer
Number Bar Code
Label Here

AND

☐ Practitioner(s) named below:

Name	Registration Number
Owen J. Bates	40,346
Vandana Date	38,675
Robert R. Neller	46,950
Angela Nwaneri	34,229
Paul B. Simboli	38,616
Samuel E. Webb	44,394

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Address all telephone calls to Owen J. Bates at telephone number (650) 564-7867.

Direct all correspondence to: ☒ Customer Number **27777** OR ☐ Correspondence address below

Name:

Address:

Address:

City:

State:

ZIP

Country

Telephone:

Fax:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any]) Joseph B.				Family Name or Surname Phipps			
Inventor's Signature				Date			
Residence: City Sunnyvale		State CA		Country USA		Citizenship USA	
Mailing Address 974 Kintyre Way							
City Sunnyvale		State CA		ZIP 94087		Country USA	
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NAME OF SECOND INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any]) Gary A.				Family Name or Surname Lattin			
Inventor's Signature				Date			
Residence: City Nemo		State SD		Country USA		Citizenship USA	
Mailing Address 12736 Nemo Rd., P.O. Box 20							
City Nemo		State SD		ZIP 57759		Country	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
NAME OF THIRD INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any]) Larry A.				Family Name or Surname McNichols			
Inventor's Signature				Date			
Residence: City Coon Rapids		State MN		Country USA		Citizenship USA	
Mailing Address 11204 Arrowhead Street NW							
City Coon Rapids		State MN		ZIP 55433		Country USA	

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NAME OF FOURTH INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) John D.		Family Name or Surname Badzinski	
Inventor's Signature		Date	
Residence: City Coon Rapids	State MN	Country USA	Citizenship USA
Mailing Address 8774 Mississippi Blvd. NW			
City Coon Rapids	State MN	ZIP 55433	Country USA
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NAME OF FIFTH INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	ZIP	Country
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SIXTH INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	ZIP	Country